PTO/SB/21 (10-07)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

First Named Inventor Helmut MERTENS Art Unit 1723 **Examiner Name** D. P. Ardiente Attorney Docket Number 47724

ENCLOSURES (Check all that apply)												
V		smittal Form . ee Attached	Drawing(s) After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences									
			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks Substitute Specification Marked-Up Specification Postcard Receipt Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):									
	•	SIGNA	TURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name Roylance, Abra		Roylance, Abrams, Berdo	erdo & Goodman, L.L.P. (Customer No. 01609)									
Signature		Mullach										
Printed name		Mark S. Bicks										
Date		November 5, 2007	Reg. No. 28,770									

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PTO/SB/17 (10-07)

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Fees pursuant to ti	Complete if Known												
	Application Num	ber	10/519,4	71									
FEE	Filing Date		December 29, 2004										
	First Named Inve	entor	Helmut MERTENS										
Applicant cla	aims small en	Examiner Name		D. P. Ardiente									
		Art Unit		1723									
TOTAL AMOUN	OF PAYME		Attorney Docket	No.	47724								
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 18-2220 Deposit Account Name:													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
FEE CALCULA	ATION												
1. BASIC FILIN			EXAMINATION I										
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Application T	<u>γpe</u> <u>l</u>	Fee (\$)	Fee (\$)	Fee (\$)		Fee		e (\$)	<u>Fe</u>	es Paid (\$)			
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Design		210	105	100	50	130 65							
Plant		210	105	310	155	155 160		30					
Reissue		310	155	510	255 6) 3	10					
Provisional		210	105	0	0	(0 0						
2. EXCESS CLAIM FEESSmall EndFee DescriptionFee (\$)Each claim over 20 (including Reissues)50Each independent claim over 3 (including Reissues)210													
Multiple dep			5 (0)		D-1:1 (A)		_	370	18				
	<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple</u>									t Claims Paid (\$)			
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3. APPLICATION If the specifications	ON SIZE FE ation and dr	E awings e	exceed 100 sheet	s of par	er (excluding e	lectror	nically fil	ed seque	ence or c	omputer			
			, the application				r small e	ntity) for	r each ad	lditional 50			
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4. OTHER FEE(Non-English		Fees Paid (\$)											
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Signature													
lame (Print/Type) Mark S. Bicks									ovember :	 			

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